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PTO/SB/21 (04-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/650,339
	Filing Date	August 28, 2003
	First Named Inventor	Novil et al.
	Art Unit	3676
	Examiner Name	Enoch E. Peavey
Total Number of Pages in This Submission	Attorney Docket Number	03-0019

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Notice of Drawing Inconsistency with Specification, copy of Notice, copy of Preliminary Amendment filed 10/31/2003 and fax confirmation, copy of Amendment filed 12/8/2004 and returned postcard.		
<table border="1"><tr><td>Remarks</td></tr><tr><td>If for any reason Applicant has not paid a sufficient amount, the Commissioner is hereby authorized to charge any fee due (or credit any overpayment) to the credit card number previously used with this application.</td></tr></table>			Remarks	If for any reason Applicant has not paid a sufficient amount, the Commissioner is hereby authorized to charge any fee due (or credit any overpayment) to the credit card number previously used with this application.
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Freudenberg-NOK General Partnership	Attorney Name	Reg. No.
		Ronald W. Wangerow	29,597
Signature			
Date	September 29, 2005		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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